



**ISSAQUAH PARKS & RECREATION PRESCHOOL
PARTICIPANT INFORMATION
2016-2017**

Class: ☐ 3's ☐ 4's ☐ Pre-K
☐ AM ☐ PM

Location: ☐ Issaquah Community Center ☐ Memorial Park Center

Last Name:	First Name: <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Birth Date:	Age:
With Whom Does Child Live? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Arrangements	
Language spoken at home? <input type="checkbox"/> English <input type="checkbox"/> _____	

PARENT/GUARDIAN INFORMATION

#1 Last Name:	#1 First Name:	
Address:	City:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email:	Authorized for Pick-Up? (circle) YES / NO	
#2 Last Name	#2 First Name:	
Address:	City:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email:	Authorized for Pick-Up? (circle) YES / NO	

ADDITIONAL EMERGENCY CONTACTS

Name:	Relationship:	Phone:
Address/City:	Authorized for Pick-Up? (circle) YES / NO	
Name:	Relationship:	Phone:
Address/City:	Authorized for Pick-Up? (circle) YES / NO	
Name:	Relationship:	Phone:
Address/City:	Authorized for Pick-Up? (circle) YES / NO	
Name:	Relationship:	Phone:
Address/City:	Authorized for Pick-Up? (circle) YES / NO	



**ISSAQUAH PARKS & RECREATION PRESCHOOL
AUTHORIZATION TO PROVIDE EMERGENCY TREATMENT TO A MINOR**

I, the UNDERSIGNED, PARENT/GUARDIAN of _____,
(BIRTH DATE: _____), understand that in the event of an accident or illness, every reasonable effort will be made to contact me/us immediately. However, if I am not available, I authorize the City of Issaquah to secure emergency medical care as needed.

I hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor(s) under the general or special instructions of the Emergency Physician in charge at the health facility selected.

It is also understood that this authorization extends to the performance of major surgery and to the administration of blood and any extensive resuscitative measures as may be needed in the case of drowning or other serious accident.

I certify that I am the parent or legal guardian of the participant named above; that I have read and understood the foregoing release; and that I join in the release without reservation, granting full consent and authorization for the above person to participate in the activity.

Does your child have any... (Check all that apply.)

_____ food _____ medication _____ dietary restrictions, or _____ environmental allergies?

_____ No

_____ Yes – Please explain.

Does your child have any special needs?

Does your child have any health concerns, of which we should be aware?

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Medication: City staff is not permitted to administer or remind children to take/apply prescription or non-prescription medication or sunscreen.



**ISSAQUAH PARKS & RECREATION PRESCHOOL
IMPORTANT INFORMATION ABOUT YOUR CHILD**

PLEASE ANSWER THE FOLLOWING THOROUGHLY:

1. Describe your child's skills and abilities.
2. Concerns or behavioral control issues that we should be aware of while your child is in our care:
3. How does your child express anger or frustration?
4. When your child is upset, what works to comfort him/her?
5. Children need to have the skills to cooperate and participate in group situations. Please mention any behavior or accommodation concerns you may have and how you will address them for your child to be able to participate in this program. The City may only provide reasonable accommodation for specific activities. The parent may need to provide accommodations that go beyond the city's scope.
6. Has your child had prior classroom experience? In what capacity?

Signature of Parent or Guardian

Date

Many families appreciate class rosters be distributed in September for possible play dates and birthday parties. What contact information do you permit to be publicized within your child's class?

☐ **Mom's Name** ☐ **Dad's Name** ☐ **Email Address** ☐ **Cell Phone** ☐ **Home Phone**



ISSAQUAH PARKS & RECREATION PRESCHOOL PAYMENT/REFUND POLICY

- _____ **Initial** Monthly payments for each month are **due on the first of each month. A late fee of \$25** will be charged if payment is not received by the **5th of the month.**
- _____ **Initial** A **non-refundable** deposit of \$50 and the last months tuition (May) is required at the time of original registration.
- _____ **Initial** Two weeks written termination notice is required to withdraw from the program in order to receive a full refund for May's tuition. Withdrawals requested less than two weeks will receive 50% of May's tuition. Parents will be responsible for payment for those days your child has attended school and for any accrued late fees.

AUTOMATIC CREDIT CARD PAYMENTS

I, the undersigned, give my permission to charge my VS/MC automatically for Issaquah Parks & Recreation Preschool payments. **Any automatic payments that have been declined on the 5th of the month will have a 2 day grace period. Any payments that have not been received after this grace period are subject to a \$25.00 late fee.**

- ☐ **YES**
☐ **NO**

Child Name _____ Phone # (on acct) _____

Parent Name _____ Date _____

VISA/MC _____ EXP DATE _____

PARTICIPANT RELEASE OF LIABILITY- I am fully aware of the special dangers and risks inherent in the activities and classes that I have signed up for through the City of Issaquah's Parks & Recreation programs for myself and/or my child(ren), including physical injury, loss, death, damage, or other consequences that may arise or result directly from the activity or class in which I and/or my child(ren) may participate. Being fully aware as to these inherent risks and in consideration of the privilege of participating in general use of the Community Center or other sites utilized by Parks & Recreation programs and classes I and/or my child(ren) may attend, I hereby assume all risk of liability for injury, loss, damage, or other consequences; except for those caused by the sole negligence of the City. I also forever discharge and waive any right of recovery from, or to bring suit against, the City of Issaquah and their responsive officers, officials, employees and volunteers, holding them harmless from any and all claims for any personal injury, loss, death, damage, or other consequences to myself and/or child(ren) arising out of my and/or my child(ren)'s voluntary participation in an activity or class through the City of Issaquah. **PHOTO /VIDEO RELEASE:** I, the undersigned participant and/or parent or guardian of the minor participants, give my permission to have photos/video tapes taken, with recompense, during City of Issaquah activities and used for publicity purposes.

YOUTH CONCUSSION AND SUDDEN CARDIAC ARREST AWARENESS - I am aware that recreational activities are physical and understand I am responsible to ensure my child(ren) are fit to participate. I also attest that I understand the City is providing me information about youth Concussion/Head Injury and Sudden Cardiac Arrest so that I may be more aware of the inherent risks my child(ren) may encounter in an active recreation program. I understand the City is not a professional/interscholastic sports provider and its programs are for fun/recreation only; with volunteer adults assisting in programs that are not professional coaches, and I recognize that head concussions can occur anytime here or away from these programs and it is my duty as a parent to ensure my child is healthy for participation. Information may be found for: Sudden Cardiac Arrest at <http://www.wiaa.com/ConDocs/Con1325/Flyer5.pdf> ; and Concussion/Head Injury at http://www.cdc.gov/headsup/pdfs/youthsports/parents_eng.pdf In receiving a receipt for recreational activity for my child(ren), and by having my child(ren) show up and participate in any activity, it means I hereby agree and consent I have been advised by the City of Issaquah regarding the Concussion/Head Injury and Sudden Cardiac Arrest issues that may face children when in active play and have been provided the website links to read up on the possible symptoms, warnings, and treatments of which I should be aware.

I have read and agree to the policies above regarding the Issaquah Parks & Recreation Preschool.

Signature _____

Date _____

FOR OFFICE USE:

September _____	December _____	March _____
October _____	January _____	April _____
November _____	February _____	May _____